

GRANITE STATE HOME HEALTH & HOSPICE ASSOCIATION

Testimony in Opposition to HB 693, re: aid to persons funded by Medicaid
and for persons who are uninsured, and establishing a special fund
January 30, 2019

Good morning Madam Chairman and members of the Committee. I am Gina Balkus with the Granite State Home Health and Hospice Association, which represents home care, hospice & palliative care providers and the people they serve. Our Association is opposed to HB 693 for several reasons.

First, it's important to know that home care and hospice agencies are considered "facilities" under RSA 151, so they would be subject to this bill. All agencies are licensed – some are licensed as medical providers, while some provide only non-medical care, such as bathing, grooming, meal prep and companionship. There are non-profit and for-profit home care and hospice agencies. Some of the for-profits are owned by national companies, but most are privately-owned, local small businesses.

Secondly, it's critical to know that New Hampshire's home care reimbursement rates, as determined by DHHS, have been largely unchanged since 2010. Some rates, such as those for physical therapy, are the same that they were in 1999 – 20 years ago. In the Choices for Independence program, the rate for one hour of personal care services has increased just 88 cents over the past 12 years. Because Medicaid payments rates do not cover the cost of delivering the care, many home care agencies have no choice but limit the amount of Medicaid or CFI clients they will accept, or they don't accept them at all.

Line 11 on page 1 of HB 693 would mandate that all home care agencies take new clients for whom they will receive meager reimbursement, or none at all. Lines 14 – 16 allow the agencies to opt-out if they pay \$10,000 per full time employee. The owner of a small home care agency that specializes in overnight and live-in care – one of the few agencies in the state that provides this important service – told me she would have to close her agency if this bill passes. She can't find enough staff to serve the clients she has now, she can't afford to hire staff at the low rates Medicaid pays, and she doesn't have the margin to pay \$10,000 fee for every FTE. HB 693 would also go against licensing rules for which states that agencies may not accept new clients if they don't have the capacity to serve them.

Lines 25 – 30 requires an audit of endowment. We are not sure what the intent is here. Privately-owned companies or for-profit entities will not have endowments. A non-profit entity *might* have an endowment. A Board of Trustees determines how any endowment is used. This bill implies that the Commissioner would require that a certain number of Medicaid and uninsured patients be treated, based on some unknown "unit of endowment." This section is tantamount to telling private businesses and public non-profits how they must they use their resources.

Our Alliance advocates for access to health care services for Medicaid and uninsured clients, so we appreciate the sponsor's good intentions. However, forcing providers to take patients that may be unable to serve or pay a fine to opt-out is not the answer to assuring that everyone can access services. On behalf of home care and hospice agencies throughout the state, I urge you to find HB 693 as inexpedient to legislation.

